

DO YOU RECEIVE FINANCIAL ASSISTANCE FROM PARENTS? _____ WHAT AMOUNT? _____

WHAT IS THEIR YEARLY COMBINED GROSS INCOME? _____

ARE THERE OTHER DEPENDANTS? _____ HOW MANY? _____ WHAT AGES? _____

IF MARRIED, LIST SPOUSE'S OCCUPATION _____

SPOUSE'S EMPLOYER _____

WHAT IS YOUR YEARLY GROSS INCOME? _____ YOUR SPOUSE'S? _____

FINANCIAL ASSISTANCE FROM SPOUSE? _____

IF A SINGLE PARENT, DO YOU RECEIVE CHILD SUPPORT? _____ ALIMONY? _____

WHAT AMOUNT DO YOU HAVE IN SAVINGS? _____

WILL YOU BE WORKING PART TIME WHEN ATTENDING SCHOOL? _____ IF SO, STATE WHERE AND

HOW MUCH YOU EXPECT TO EARN _____

ARE YOU RECEIVING ANY OTHER AID? _____ AMOUNT? _____ FROM WHOM? _____

HAVE YOU APPLIED FOR AID FROM OTHER SOURCES? _____ FROM WHOM? _____

ARE YOU ELIGIBLE FOR A PELL GRANT OR ANY OTHER SCHOLARSHIPS? Circle Yes or No
If yes, please list.

ESTIMATION OF TWO SEMESTERS TUITION EXPENSE _____

PLEASE LIST LIVING EXPENSES IN DETAIL:

HOME: RENT OR OWN? _____ RENT OR MORTGAGE PAYMENT

UTILITIES _____ OTHER _____

CAR EXPENSES _____ INSURANCE _____

CHILD CARE _____ OTHER EXPENSES _____

I PLEDGE THAT THE ABOVE STATEMENTS ARE ABSOLUTELY TRUE.

SIGNATURE: _____

DATE: _____

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